## **Kentucky Department for Medicaid Services**

## **Drug Review Options**

The following chart lists the drug classes scheduled for review at the March 27, 2003, meeting of the Pharmacy and Therapeutics Advisory Committee and options that were submitted for review.

Drug Class	Options for Consideration
Zetia (ezetimibe)	<ul> <li>Require prior authorization for Zetia (ezetimibe) with approval based on failure to achieve desired LDL levels using maximum tolerated doses of a statin on the Preferred Drug List.</li> <li>Approval of Zetia for the diagnosis of homozygous sitosterolemia.</li> <li>Approval of Zetia for patients who have a contraindication to statins or a history of intolerance to statins, as evidenced by such symptoms as muscle pain or elevated liver enzymes.</li> <li>Approval for 12 months based on criteria listed above.</li> </ul>
Strattera (atomoxetine HCI)	<ul> <li>Option 1: Require prior authorization for Strattera (atomoxetine HCl) with approval based on a diagnosis of Attention –Deficit / Hyperactivity Disorder (ADHD) and therapeutic failure of a stimulant medication (e.g., methylphenidate, amphetamine mixture, dexmethylphenidate, dextroamphetamine, methamphetamine)</li> <li>Option 2: Require prior authorization for Strattera (atomoxetine HCl) with approval based on the patient's age of 18 years old or less (as a surrogate diagnosis of ADHD) and history of treatment with a stimulant medication (e.g., methylphenidate, amphetamine mixture, dexmethylphenidate, dextroamphetamine, methamphetamine) within the last 90 days. This would be implemented using an electronic claims edit.</li> </ul>
Leukotriene Receptor Antagonists Class - Singulair (Montelukast), Accolate (Zafirlukast), Zyflo (Zileuton)	<ul> <li>Require prior authorization for Accolate and Singulair for the treatment of Allergic Rhinitis with approval based on the following:         <ul> <li>Diagnosis of Asthma (a claim within the last 90 days for a short-acting beta agonist would act as a surrogate diagnosis within an electronic claims edit), or;</li> <li>Diagnosis of Allergic Rhinitis with continued symptoms after an effective trial with concurrent use of an antihistamine and a nasal corticosteroid, or if their use is otherwise not tolerated or medically contraindicated</li> </ul> </li> <li>Place a quantity limit of 60 tablets per 30 days on Accolate and 30 tablets per 30 days on Singulair due to flat pricing of the tablet strengths.</li> </ul>